

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11477

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Baronette City Hospital) Registered No. 2551 Ward _____

2. FULL NAME

(a) Residence, No. 3420 A Belle Ward 21
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2, 1893</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>6</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Ark</u>		
13. NAME <u>James Deay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Ark</u>		
15. MAIDEN NAME <u>Emma Belle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Ark</u>		
17. INFORMANT (ADDRESS) <u>Jack Deay</u> <u>3420 A Belle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Pl</u> DATE _____, 19____		
19. UNDERTAKER (ADDRESS) <u>J. G. Thomas</u> <u>3111 Kaskaskia</u>		
20. FILED <u>16</u> 19____ <u>May 1933</u> Registrar		

MEDICAL CERTIFICATE OF DEATH
 No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Endocarditis
92A
93C
 Other contributory causes of importance: P2A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Harold P. Deay M.D.
 (Address) Deputy Registrar

3/11/33

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

